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CONFIRMATION NO. 8870

SERIAL NUMBER 10/775,398	FILING DATE 02/10/2004  RULE	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. CRD0869CONT1
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## APPLICANTS

Donald K. Jones, Lauderhill, FL;

Vladimir Mitelberg, Aventura, FL;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/663,768 09/18/2000 PAT 6,723,108

*gms*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None gms*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/06/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 2	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged <i>[Signature]</i> Examiner's Signature			

## ADDRESS

000027777

PHILIP S. JOHNSON

JOHNSON &amp; JOHNSON

ONE JOHNSON &amp; JOHNSON PLAZA

NEW BRUNSWICK, NJ

08933-7003

## TITLE

Foam matrix embolization device

FILING FEE  RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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